1/22/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
01-22-2001 90124 008 ***150.00

DOCUMENT # P00000054257

1. Entity Name
OMEGA GROUP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1890 HOGAN DRIVE MELBOURNE FL 32935	1890 HOGAN DRIVE MELBOURNE FL 32935

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647011 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, JIM 1890 HOGAN DRIVE MELBOURNE FL 32935	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	JOHNSON, JIM	NAME	ROBERT L. NORRIS
STREET ADDRESS	1890 HOGAN DRIVE	STREET ADDRESS	321 TRINIDAD DRIVE
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	VD ☒ Delete	TITLE	VD ☒ Change ☐ Addition
NAME	NICHOLS, DON	NAME	NICHOLS, DON
STREET ADDRESS	POST OFFICE BOX 6679	STREET ADDRESS	513 NE 47TH ST
CITY-ST-ZIP	SEFFNER FL 33583	CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEYERS, JERRY	NAME	
STREET ADDRESS	901 SPRINGWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KINDLE, KIRBY	NAME	
STREET ADDRESS	643 WEATHERFIELD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

X SIGNATURE: James R. Johnson — 1/10/01 — 321-242-8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #